



AIR AMBULANCE SERVICE LICENSURE INSPECTION CHECKLIST

NAME OF AIR AMBULANCE SERVICE	LOCATION	DATE
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(1) GENERAL REQUIREMENTS FOR AIR AMBULANCE SERVICE LICENSURE

	MET	NOT MET	COMMENTS
1. Availability of Service (24-hour operation) Meets needs of service area	<input type="checkbox"/>	<input type="checkbox"/>	
2. Insurance – Public Liability Coverage for air ambulance services which transport patients shall meet or exceed: \$250,000 for bodily injury to, or death of, one person \$500,000 for bodily injury to, or death of, all persons injured or killed in any one accident, subject to a minimum of \$250,000 per person; and \$100,000 for loss or damage to property of others in one accident excluding cargo	<input type="checkbox"/>	<input type="checkbox"/>	
3. Staffing patterns (a) Aviation Crew (b) Medical Crew (c) Communications Specialist	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Medical Director qualifications/credentials	<input type="checkbox"/>	<input type="checkbox"/>	
5. Communications Capability (a) Voice communications (b) ELT	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

(2) OPERATIONAL POLICIES AND PROCEDURES

	MET	NOT MET	
1. Safety program including infection control program	<input type="checkbox"/>	<input type="checkbox"/>	
2. Air ambulance operation procedures	<input type="checkbox"/>	<input type="checkbox"/>	
3. Communications procedures	<input type="checkbox"/>	<input type="checkbox"/>	
4. Standards for clinical care (medical protocols) (standing order authorization)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Aircraft and equipment maintenance procedures	<input type="checkbox"/>	<input type="checkbox"/>	
6. Controlled substance security and record keeping	<input type="checkbox"/>	<input type="checkbox"/>	
7. Disaster/multiple casualty protocols	<input type="checkbox"/>	<input type="checkbox"/>	
8. Quality Improvement program (including problem identification and resolution)	<input type="checkbox"/>	<input type="checkbox"/>	
9. Nondiscrimination policy regarding treatment or transportation of emergency patients	<input type="checkbox"/>	<input type="checkbox"/>	
10. Documentation of ambulance response times	<input type="checkbox"/>	<input type="checkbox"/>	
11. Medical Control Plan - Transfer of care between agencies	<input type="checkbox"/>	<input type="checkbox"/>	
12. Visual Flight Rule (Rotary Wing Only) Authorized to conduct helicopter air ambulance operations in accordance with FAR Part 135. See operational stds.	<input type="checkbox"/>	<input type="checkbox"/>	

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(3) RECORDS AND FORMS				
		MET	NOT MET	COMMENTS
1. Ambulance run report		<input type="checkbox"/>	<input type="checkbox"/>	
2. Air ambulance service license (excluding initial licensure)		<input type="checkbox"/>	<input type="checkbox"/>	
3. Medical Director protocol and policy authorization		<input type="checkbox"/>	<input type="checkbox"/>	
4. Aircraft maintenance records		<input type="checkbox"/>	<input type="checkbox"/>	
5. FAA Part 135 Certificate		<input type="checkbox"/>	<input type="checkbox"/>	
6. Equipment maintenance records		<input type="checkbox"/>	<input type="checkbox"/>	
7. Records required by other regulatory agencies		<input type="checkbox"/>	<input type="checkbox"/>	
(4) PATIENT CARE REVIEW				
		MET	NOT MET	
		<input type="checkbox"/>	<input type="checkbox"/>	
REMARKS				
SIGNATURE OF UNIT OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE				DATE
SIGNATURE OF AGENCY REPRESENTATIVE				DATE